

JAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
10305-5428

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS						*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				51			
2		/				52			
3		/				53			
4		/				54			
5		3				55			
6		3				56			
7		15				57			
8		15				58			
9		15				59			
10		15				60			
11		1				61			
12		1				62			
13		1				63			
14		1				64			
15		1				65			
16		1				66			
17		1				67			
18		1				68			
19		1				69			
20		1				70			
21		/				71			
22			/			72			
23			/			73			
24			/			74			
25			/			75			
26			/			76			
27			/			77			
28			/			78			
29			/			79			
30			/			80			
31			/			81			
32			/			82			
33			/			83			
34			/			84			
35			/			85			
36			/			86			
37			/			87			
38			/			88			
39			/			89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL C.						TOTAL IND.			
TOTAL P.						TOTAL DEP.			
TOTAL AIMS						TOTAL CLAIMS			